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TEACHER RECOMMENDATION
 (ALL RESPONSES WILL REMAIN STRICTLY CONFIDENTIAL)

STUDENT'S NAME: _____
FIRST MIDDLE LAST

PRESENT GRADE: _____ SCHOOL PHONE: _____

SCHOOL NAME: _____ FAX: _____

SCHOOL ADDRESS: _____
NUMBER STREET BOROUGH ZIP

PLEASE CHECK THE RATING WHICH BEST DESCRIBES THE STUDENT'S PERFORMANCE IN THE AREAS LISTED. PLEASE CHECK ONLY ONE BOX FOR EACH ITEM. BEST RESULTS WILL OCCUR WHEN YOUR RECOMMENDATION CONCURS WITH OUR OWN OBSERVATIONS ON TESTING DAY AND WITH THE STUDENT'S OWN SELF-ASSESSMENT DURING THE PERSONAL INTERVIEW.

Personal Description

	<u>low</u>	<u>average</u>	<u>above average</u>	<u>high</u>	<u>outstanding</u>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks Help from Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Comfortable with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates Positively with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence from Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spunk/Chutzpah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Description

Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Academic Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Academic Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eagerness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-Through/Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness with Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATH SKILLS

Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READING SKILLS:

Word Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRITING SKILLS:

Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting/Penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPEAKING SKILLS:

Clarity/ Enunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency Reading Aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA(S) OF GREATEST STRENGTH:

AREA(S) NEEDING IMPROVEMENT:

Do standardized test scores and report card grades reflect the true ability of this student? If not, please explain:

Has this student ever skipped a grade? _____ If yes, which grade was skipped? _____

Has this student ever repeated a grade? _____ If yes, which grade was repeated? _____

Are you aware of any home or personal circumstances which might hinder this student's success in a demanding academic environment? If yes, please explain:

Additional commentary on this student's personal qualities may be attached on a separate sheet.

(Please Circle)	<u>low</u>	<u>average</u>	<u>above average</u>	<u>high</u>	<u>outstanding</u>
Overall Academic Rating:	1	2	3	4	5
Overall Personal Rating:	1	2	3	4	5

Please state your position in the school. _____

How long have you known this student? _____

YOUR NAME: _____
(Please Print)

SIGNATURE: _____

DATE: _____

YOUR E-MAIL ADDRESS: _____

(PLEASE PRINT STUDENT'S NAME ON THIS SIDE OF THE PAGE IF YOU FAX THIS SHEET TO US. THANK YOU.)